

Meeting Minutes of the 27th Technical Working Group-HIV of BCCM

Time : 01:30 PM – 03:15 PM

Date : June 31, 2017

Venue : ASP Conference Room, Gulshan-1

Presided by: Dr. Md. Ehteshamul Huq Choudhury, Chair of the TWG and ADG (Admin), LD, TB-L&ASP DGHS

Participants: List attached (Annex 1)

Agenda:

1. Discussion on the recommendation of Oversight Committee including update of STI Management Guideline, field visit findings.
2. Sharing the update status of funding request of NFR (2017-2020).
3. Discussion on current HIV trend among PWID and way forward.
4. Discussion on transition plan of care support and treatment for PLHIV program to Govt. Hospital
5. Update on Government 4th Health Sector Programme: HPNSP 2017-2022.
6. AOB

Introduction

At the beginning of the meeting Dr. Md. Ehteshamul Huq Choudhury, Chair of the TWG, ADG (Admin) and Line Director, TB-L and ASP welcomed all the participants of the meeting. He requested the participants to discuss only the relevant issues and to be related to agenda and the decisions will be made on that. He also emphasized on executing the decisions of the meeting. Then Dr. Md. Belal Hossain, AD and DPM (Finance / Logistics) and member secretary of TWG, moderated the meeting, he extended thanks to the Chair for giving his valuable time to this meeting and then requested all for self- introduction.

Agenda 1: Discussion on the recommendation of Oversight Committee including update of STI Management Guideline, field visit findings:

Discussion:

Dr. Saima Khan, UNAIDS initiated the discussion on the recommendations of oversight committee. Recently Over Sight committee visited Cox's bazar DIC (FSW) and the head office of icddr,b. They made the following recommendations in order to gradually sustain the program:

- Expansion of services for CSWs at Cox's Bazar is needed. Regular availability of health care providers (at least SACMO) avoiding duplication is essential. Commercial sex workers need to be included within public health services. Consideration for proving services for MSM is also discussed. In this connection recommendation for TB diagnosis for MSMs is recommended.
- Program coverage should be increased among the target people (IDU, FSW, MSM /Hijra) and HTC reach should be 100% in each DIC.
- The updated guideline for Syndromic Management of STI/STDs should be provided in the DIC

Dr. Saima Khan emphasized on updating the STI management guideline, in this connection she told that this guideline was prepared in 2005 but in course of time the need of the population, types of STIs, sexual patterns became different. It is found in many cases that the medication following the same guideline is not effective longer. Some of the drugs became resistant, STI surveillance is needed to update this guideline as per the recommendation from the specialist consultant.

Dr. Sharful Islam Khan, icddr,b informed the meeting that icddr,b conducted a study on the issue in Dhaka city among female PWID, FSW, MSW and TG (hijra) and found antibiotic sensitivities towards N. Gonorrhoea was decreasing . It is time to think to update the STI national guideline considering the study

findings and further studies. He also referred to the recommendation of oversight committee about HTC target which needs to accomplish, at the same time, he mentioned that it is difficult to increase the testing coverage due to resource constraint. But icddr,b has a plan to increase the testing coverage in next funding cycle. Dr. Lima Rahman from Save the Children informed that guideline for non-responsive/complicated STI has been developed and circulated for the PWID and FSW DICs and SRs/SSRs are following that, however, a revised treatment protocol for STI management is important. She also stated that PR Save the Children has increased the HTC target among PWID in Dhaka.

Decision:

1. TWG decided to update the STI management guideline following the icddr,b assessment, STI treatment flow charts part only will be updated for immediate use as it is not possible to conduct the STI surveillance at the moment. A committee is formed to update the flow chart as following:

- I. Director, Disease Control and LD, CDC, Chair
- II. Programme Manager, AIDS/ STD Programme as Member secretary
- III. Dr. Selimuzzaman, IEDCR – member
- IV. Representative of NIPSOM - member
- V. Dr. Saifullah Munshi, Virology Department, BSMMU- member
- VI. Dr. Sabera Sultana, NPO, WHO – member
- VII. Dr. Saima Khan, UNAIDS – member
- VIII. Technical Officer, HIV/ AIDS, UNFPA -member
- IX. Representative of icddr,b - member
- X. Representative of Save the Children - member

The committee will sit together within a short period of time, they will analyze and review the current gap following the assessment report of icddr,b and finalize the STI flow chart. Before finalizing the STI flow charts WHO will take initiative to review the flow chart by their own mechanism. Committee will complete their assignment within three months from the date of formation.

Agenda 2: Sharing the update status of funding request of NFR (2017-2020):

Discussion:

Three PR's shared the update of NFR to the meeting:

Mr. Akhtaruzzaman, Senior Manager, NFM of ASP gave an update to the meeting that ASP has completed the grant negotiation with the GF CT from 4- 12 July, 2017. He mentioned few changes were made in the PF and budget, an IBBS has been included in the ASP grant instead of operation research.

Dr. Sharful Islam Khan, icddr,b also gave update that icddr,b also completed the negotiation meeting with GF within the mentioned time and programmatic coverage of the MSM/ TG has been decreased 3000 based on the TRP comments and AEM recommendations and included OST program in the final version.

Dr. Lima Rahman, Save the Children also updated the grant negotiation. The coverage of the PWID has been increased from 8000 to 9000 based on the TRP and AEM exercise report, an innovation (case manager) is also included on reaching PWID in the final version within allocated money.

Agenda 3: Discussion on current HIV trend among PWID and way forward.

Discussion:

Dr. Md. Shahidul Islam, Senior Manager - PWID & CST Interventions, Save the Children, gave a power point presentation on the response for current Dhaka PWID situation. He with the reference of "WHO 2016.

Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations – 2016 update” said that “Once HIV is introduced in a population of people who inject drugs and commonly share syringes and injecting equipment, prevalence rates can reach epidemic proportions very quickly” and also referred the projection of HIV epidemic among PWID from AEM exercise. He also showed the rising trends of HIV prevalence among PWID in South and South Asia between 2005-2016, where countries have experienced sudden rise of HIV epidemic among PWID, which it is not a new phenomenon. He also shared the information that old Dhaka became the ‘epicenter for HIV among PWID. Out of the twelve DICs in Dhaka >10% PWID were identified as HIV positive in specific two DICs, >5% PWID were identified as HIV positive in specific six DICs. The detection of HIV positive PWID is increasing day by day. In quarter Oct-Dec’2016, 41; Jan-March’2017, 67 and April-June’2017, 106 persons were identified as HIV positive. The quarterly program data was giving this result to them. He further mentioned that reaching 75 PWID with appropriate services by one outreach worker is very much challenging. To overcome the situation, the following initiatives need to be taken as per SCI’s recommendation: Current outreach modalities need to be reviewed to ensuring the optimum services to PWID

- (1) Scale up of OST is needed.
- (2) Involvement of active PWID in outreach is crucial
- (3) Participatory and qualitative monitoring involving community
- (4) Pilot initiated community-led outreach involving ‘Spot Leader’
- (5) Strengthen ART monitoring through DOTs at DIC and their home by ‘case worker.’
- (6) Operationalise “test and treat” for KPs.

Dr. Lima Rahman, SCI acknowledged that the organizations who are implementing the PWID intervention are primarily accountable to deliver effective program to respond the HIV epidemic among PWID in Dhaka. She also said that a joint effort needs to be taken by ASP and other stakeholders to improve the situation. She also added that for improvement of the situation, scale-up of ART for HIV positive PWID was initiated through comprehensive DICs in April 2017. She further told that this initiative was introduced in Khilgaon, Moulovibazar and SK Das DIC wherein OST and ARV were given simultaneously and will help to suppress the viral load among the HIV positive PWID. She also informed that the program has introduced ‘case worker’ for ART adherence management among PWID living with HIV. She described that sharing of needle-syringe has been increased due to high cost of the drugs, increased of actions against PWID by law enforcement agency, insufficient number of outreach workers in relation to beneficiaries, etc. factors could influenced the increase of HIV among PWID. She also proposed to form a national task force to oversee the efficient and effective implementation of interventions for the KPs and provide time to time strategic guidance to the program.

Dr. Saima Khan, UNAIDS opined that needle sharing has been increased due to the price hike of the drug. She also said that the effective coverage of PWID has been decreased due to decreased funding allocation in NFM. But later on increased PWID coverage is proposed in funding request based on the recommendation of TRP. She suggested to concentrate the PWID intervention in Dhaka city and further said that intervention and approach for ILWHA should be different from the HIV negative PWID.

Mr. Masud Reza, icddr,b gave importance on case detection, and also discussed the reaching strategy for the newly detected HIV cases. Based on the IBBS conducted in 2016 it was found that every PWID have 3 sex partners, there is a possibility for HIV transmission among FSW and other population through PWID.

Mr. Choton from the network of IDU’s raised a humanitarian issue and the value of drug user’s community which could never been addressed through any intervention. The PWID believes that if there is no sharing there is no friendship, they consider that needle sharing is one of the ways of maintaining friendship among

themselves. Most of the PWID are live in the street and they are homeless and they do not have any attachment with their own family. The drug users do not know the value of their life, they do not have any idea about the risk perception of getting HIV, and they are enormously stigmatized from every corners of life. They do not want to live. The current HIV program design cannot address this very important issue. Beside of harm reduction program, the policy makers and other stakeholders need to re-think about the rehabilitation and the mental health issues of IDU.

There are several questions and concerns came up from the meeting on the increasing trends of HIV among PWID:

Mr. Akhtaruzzaman, ASP requested that what kinds of measures have been taken from SCI when the program data and assessment report of icddr,b on PWID 2014 was showing the increasing trends of HIV.

Mr. MM Anwarullah, Secretary General of STI/AIDS network of Bangladesh raised question on the investment against the national HIV program and the value for money. As a leader of the STI/AIDS networks, he requested to explain the reason for this outburst of AIDS among the PWID since Save the Children is serving for the PWID uninterruptedly for long time and invested lots of money.

Dr. Sharful Islam Khan, icddr,b mentioned that it is an unexpected situation for the country. We all should work together to control the situation. icddr,b is ready to provide any assistance to SCI and SR/ SSR as it is a national crisis. Therefore, there is no alternative but to work together. Save the Children may need to be receptive to recommendations made by the experts and stakeholders in this regards. Dr. Khan stated that SCI has explained that there are some factors which might have influenced to increase the epidemic among PWID and SCI has taken some initiatives to control the situation. However, Dr. Khan requested all to re-think the matter more critically and holistically. He mentioned that we are not really aware actually what is going on in the field and this must be known through the lens of research. Based on solid and grounded evidence, SCI may redesign their interventions, otherwise current design may not work, and after few years, the situation may go beyond further control. He also informed the meeting that icddr,b has proposed a study for the PWID in the next funding cycle and had discussed the matter with Mr. Richard Cunliffe. This study will be an ethnographic study at the old Dhaka to understand the dynamics of needle/syringe sharing among PWID and find out the possible ways to prevent that. Dr. Khan described that as a Social Scientist, he has been in the field of research for more than 20 years and he has seen that availability of needle/syringes or condoms may not necessarily mean that KPs use them. There are many complex reasons for not using safer behaviors, and unless we understand them, deploying of new staff members or making commodities widely available, may not solve the problem. He informed that icddr,b will conduct a study after the beginning of the next funding cycle. Dr. Md. Ehteshamul Huq Choudhury, Chair of the TWG and ADG (Admin), LD, TB-L&ASP DGHS and Dr. Md. Belal Hossain, ASP had extended thanks to icddr,b for keeping one such important study in their proposal. They also requested icddr,b to start the proposal as soon they can as HIV infection is increasing day by day. Dr. Choudhury also suggested that all relevant stakeholders to think what can be done even before the study begins. Prof. Be Nazir Ahmed, NIPSOM expressed his deep concern in this regard and suggested to find out the root causes of the problem at the earliest and take necessary measures to control the epidemic among the PWID.

Decision:

1. AIDS/ STD Program will sit with Save the Children separately very soon to determine the way forward, and to form National Task Force to provide strategic guidance the PWID intervention.
2. icddr,b will conduct the study at old Dhaka to understand the dynamics of needle/syringe sharing among PWID and find out the possible ways to prevent that at the beginning of the NFR grant

Agenda 4: Discussion on transition plan of care support and treatment for PLHIV program to Govt. Hospital:

Discussion:

Dr. Md. Belal Hossain AD/ DPM, ASP provided the updates of the transition plan of care, support and treatment for PLHIV program to Govt. Hospitals through a power point presentation. He mentioned that Care, Support and Treatment including ARV distribution program started in Bangladesh in 2005 under Swiss Red Cross Support and other sporadic support from some corporate sectors specially the Dutch Bangla Bank. The Global Fund/ Save the Children took over and expanded this program in 2008 and continued up to 2012 through NGOs/PLHIV organizations. Government started procuring the ARV drugs from September 2012 and is continuing till date and the program is operating through NGO contract. Since 2015 – 2016 (20 months) NASP made contracts with three organizations to serve the PLHIV through government hospitals and it was planned that at the end of the contract NGOs will hand over the services to the government set up. There were so many activities to strengthen the government system and to improve the physical facilities inside the contract. He mentioned that it is not a sudden plan of Government and the NGO's are well aware about the situation. The ASP sat with the PLHIV networks and the contractors NGO's phase by phase and keeping them informed thoroughly. But unfortunately, only IDH started providing services to PLHIV from March 2016. Furthermore to shift the treatment part at hospital system ASP again signed a contract with three NGO to continue their activity up to September, 2017 with the support from Save the Children and UNICEF. The current coverage of ART service is 2319 PLHIV. Finally he mentioned that Government hospitals will start their services from October, 2017. Several meetings/ workshops were organized with three implementing NGOs, PLHIV network, hospital Directors, and relevant service providers etc in this regard. ASP shared the concern of PLHIV network to Hospital administrations and requested to address the concern.

Dr. Ehteshamul Huq Choudhury, ADG admin shared that since 2012 the decision was taken to switch over the ART services to the government hospitals by the government as well as the DPs and with NGO's. In recent past donors allocation for the HIV program is winding up as the government capacity is being increasing. ASP organized meetings with hospital Directors and PLHIV networks to find out the way of smooth transition of ART services to government hospital from the NGO's. He mentioned in his statement that in every transition there is some pains something lost as transition is always a big issue. He added that he find out 2 issues when sitting with the PLHIV networks members; one is privacy and confidentiality and another one is uninterrupted supply of ART. The quality service in hospital system is not only an issue of PLHIV's it is an issues of all kinds of patients worldwide. There will be a contact person in relevant government hospital to deal with HIV issues. He hoped that it will be easier to find out the challenges and way forward after running the program at government facilities. He said, the transition will be completed by 15 October, 2017 and after that 6 months continuous supervision will be organized from ASP. The ASP staffs, PLHIV members and the hospital Directors will be presented when the hand over will be taken place in each hospital. He expects that all DPs/ NGOs/ PLHIV networks/UNICEF/ UN organizations will help government in smooth functioning of the program.

Dr. Samina Chowdhury, USAID expressed her sincere thanks to the ASP's current management, she said that since long it was expected that the shifting from NGOs to government is desired, and it was a dream of all stakeholders. We are grateful to the current leadership of ASP and expecting a successful handing over for sustaining the treatment support. It is very much needed on the ground of sustainability and considering the donor support continuation.

Mr. Hafiz Uddin Munna, PLHIV network requested to ensure the confidentiality of the PLHIV at hospital facility. ART corner should not be mentioned through sign board, the PLHIV might be affected by stigma and discrimination. He requested to take this into consideration; He further said that it is normal that hesitation exists in the transition process, by time it will be removed. He congratulate the initiatives of government.

Dr. Lima Rahman congratulated the new leadership of ASP for this initiative, she mentioned that under the Global Fund funded program Save the Children and NASP joint took initiatives for the transition of CST program from NGO to GO health facilities.. She visited Sylhet MAG Osmani medical college hospital with Line Director ASP last month and found that hospital authority is ready for the transition. Save the Children is committed to be with this initiative and urged to functionalize community component to avoid lost to follow up and to ensure treatment adherence.

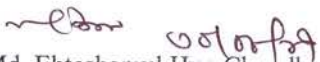
Prof. Be Nazir Ahmed, NIPSOM appreciated this initiative and said that in several meetings at Ministry level they recommended to mainstream the ART services. He believed that government has the capacity to serve PLHIVs. But govt. should always be careful in un-interrupted supply of the ARV and maintaining the confidentiality. In this regard he stressed on formulating strategy, framework and action plan for uninterrupted supply of ARV. NGOs/ PLHIV network should be involved in drug adherence and follow up so that the treatment cascade maintained. He stressed on formulating a PLHIV group involving local communities with activity plan. He expressed his commitment to provide any support if required.

Dr. Saima Khan, UNAIDS suggested to form a coordination committee consisted of different stakeholders, which can prepare the phasing out plan of existing CST program and handing over the services to hospital facility. She further mentioned that they are ready to help ASP in using ARV prediction and procurement tools if requested. Dr. Md. Ehteshamul Huq Choudhury responded to the proposal of Dr. Saima Khan and described the plan of ASP, he said that ASP will seek support from all if required but the things needs to start now.

Decision:

1. TWG members welcomed the transition plan of CST services to government hospitals and recommended to maintain the privacy issue, uninterrupted supply of drugs. The transition is expected to be effective by 15 September, 2017. Hospital authority will designate a physician as contact person for the PLHIV in each hospital. Involvement of the PLHIV networks and current implementing NGOs need to be ensured in the local level transition plan meeting.

The meeting ended with vote of thanks by Dr. Md. Ehteshamul Huq Choudhury, Additional Director General (Admin) and Line Director, TBL-ASP, DGHS and Chair of the TWG.


Dr. Md. Ehteshamul Huq Choudhury
Additional Director General (Admin)
Line Director, TBL-ASP, DGHS & Chair of TWG